

Case Number:	CM14-0170118		
Date Assigned:	10/20/2014	Date of Injury:	04/30/2011
Decision Date:	12/12/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Chiropractic & Acupuncture and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 39 year old male who reported neck, shoulder, left elbow, low back, bilateral hip, bilateral knee, inner thigh, and genital pain from injury sustained on 04/30/11 after he tripped and fell over a roof from the 6th to 5th floor cement balcony. Patient is diagnosed with post traumatic head syndrome with cephalgia; cervical sprain/strain; bilateral shoulder sprain/strain; bilateral shoulder impingement syndrome; left elbow sprain/strain; transverse process fracture L2-4; SI joint injury with fracture; bilateral knee sprain/strain; right knee chondromalacia patella. Patient has been treated with medication and acupuncture. Per medical notes dated 09/20/14, patient states his condition has worsened since his last office visit. Patient complains of neck pain which is constant. Patient complains of constant low back pain, greater on his left than the right, which radiates to his bilateral lower extremity. He notes that the pain has radiated to his left hip and down to bilateral legs. He feels an increase in pain with increased movement and decreased range of motion. Examination revealed tenderness to palpation over the iliac crest region, flexion and extension are limited. Provider requested additional 6 acupuncture sessions for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 X 6 Sessions of acupuncture for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. Per medical notes dated 09/20/14, patient completed 6 acupuncture sessions and provider requested additional 6 acupuncture sessions for lumbar spine to increase function improvement and decrease pain. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 6 acupuncture treatments are not medically necessary.